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WIC

news

Volume 15, Number 6

**2006**

**A Great and  
Challenging Year**

Special Supplemental Nutrition Program for Women, Infants, and Children



# What a Great and Challenging Year We've Had in the Texas WIC Program!

As we near the end of 2006, we have over 40 percent of Texas, geographically, using the WIC Lone Star smart card. That's more than 100,000 WIC mothers and children using the card daily. As we continue our roll out late next year, we will see the addition of the Dallas-Fort Worth areas and the potential of an additional 150,000 participants using the WIC Lone Star smart card.

In addition to EBT, many other exciting initiatives have developed this past year. Texas took the lead in organizing the National WIC Conference that many of you attended in Houston in May. This conference was a great success, both financially for NWA and educationally for all who attended.

It was also a great opportunity for many of you to network and get to see firsthand the WIC Program on a national level.

This year saw great gains (or should I say losses) as the WIC Worksite Wellness Program expanded to include 700 WIC staff in 21 local agencies and 180 clinics. Many participants shared their story of how the program turned their life around in the WIC Worksite Wellness section of the Texas WIC News. If your agency is not yet participating, consider joining this program to help your staff

maintain a higher level of fitness. What an exciting way for our WIC staff to "walk the talk!"

In October 2005, we initiated the High Risk RD Referral Pilot Project to evaluate protocols, procedures and forms to be used by the high risk dietitian when providing counseling to high risk WIC clients. The state agency, which received valuable input from the agencies involved in the pilot, is in the process of finalizing the protocols, procedures and forms so they will be available to local agencies throughout the state.

We have spent part of the year reconnecting with areas that split off during our reorganization, including the investigators who now work for the Office of the Inspector General (OIG). We've finalized a process which outlines our roles in helping these investigators identify fraud.

In the vendor arena, cost containment has been the name of the game. The State agency has been busy working with the vendor community to implement and explain the impact of the rules mandated by USDA, which are controversial and will affect all of our grocers.

As we look back on 2006 at the state and local levels, let's celebrate all our success and as we look ahead to 2007, let's remember to always keep "our eye on the prize" — the mothers and children we serve in the Texas WIC Program. Thanks for all you do.



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*From the Texas WIC Director - Mike Montgomery*





NWA conference:

# A "Texas Thing" & a whole lot more

by Renee Mims  
Editor, Publishing, Promotion and Media



What do cowboy hats, men dancing in diapers, and the space shuttle have in common? They were all part of the National WIC Conference in Houston.

Over 1,400 attendees from across the United States and Indian tribal nations attended "Infinite Possibilities with WIC," which was hosted by Texas WIC leaders and other states and ITOs in the Southwest Region.

In addition to a wide range of workshops covering everything from nutrition and eating trends to strategic planning and budgeting,

conferees donned complementary cowboy hats for a "Hoe Down" with Austin's Cornell Hurd band, toured the Houston Space Center where they climbed aboard a replica of the space shuttle, and howled at the National Comedy Theater's hilarious "grown-men-in-diapers" finale.

Planning for the conference involved a year and a half of conference calls, meetings, and logistical arrangements. Mary Van Eck, the nutrition education branch manager and the national WIC conference coordinator, explains the benefits of attending the conference. "The purpose of the conference is to

find out how to better serve our clients, the mothers and children of WIC," Van Eck said. "It's the most effective way to get information from USDA officials to the WIC local agencies on federal changes and requirements."

Representatives from Texas chaired many of the conference committees but representatives from all the southwest region states helped make it happen. "It seemed like a 'Texas thing' but people from every state in the southwest region — Louisiana, Arkansas, Oklahoma, New Mexico, Texas, and 16 or 17 Indian Tribal Organizations — played an important role in the event," said Van Eck. "The

conference was a resounding success partly because it was planned by volunteers, all working together to educate, entertain and to provide the best experiences possible for our attendees."

Some of the most discussed sessions were Dr. Stephen Ponder on "Children of the Corn Syrup," Dr. Harvey Karp's session on "Making Fussing Babies Calm," Dr. Douglas Gentile on "Media Wise and Digital Savvy," and the concluding session by Susan Carnahan on "Self-Empowered Excellence."

Even the National WIC office recognized the region for an excellent conference. "The





Southwest Region and particularly the Texas WIC community did a superb job of hosting NWA 2006, delivering a high-powered, professional, quality educational program,” said Rev. Douglas A. Greenaway, executive director of the National WIC Association. “Kudos to Mary Van Eck, Amanda Hovis, and their colleagues for coordinating a terrific conference experience.”

The exhibition and trade show connected with the meeting hosted over 60 exhibitors and featured a physical activity video game area sponsored by Covansys and hosted by Roxor; the Happy Kitchen hosted by the Happy Kitchen staff at the Austin Sustainable Food Center, which was sponsored by SUMA/Orchard; and the Cyber Café sponsored by Burger Carroll and Associates.

“We were fortunate to have our own Mike Montgomery from Texas and Melinda Newport from Chickasaw Nation as co-chairs,” said Van Eck. “Our keynote speaker at the opening session was the Texas Commissioner of Health, Dr. Eduardo Sanchez who spoke on a timely topic ‘Public Health Response in the Time of Disaster.’”

Van Eck concluded, “It is now our collective responsibility to ensure that after the WIC displays have come down, the exhibits disassembled, all the workshops and conferences adjourned, that WIC is ready now more than ever to be a ‘tour de force’ in providing the best and most complete services to the women, infants and children across the nation.”



*“... working together to educate, entertain and to provide the best experiences possible for our attendees.”*



### NWA 2006 Conference Committee List

**Conference Co-Chairs:** Mike Montgomery, Texas Department of State Health Services, Melinda Newport, Chickasaw Nation • **Steering Committee:** Mary Van Eck, Chair, Joy Endres, Patti Fitch, DuWvaughn P. Francois, Karen Gibson, Judy Harden, Amanda Hovis, Kevin Hummons, Mike Montgomery, Melinda Newport, Margaret Payton, Dave Pearce, Hellen Sullivan • **Program:** Margaret Payton, Co-Chair, Judy Harden, Co-Chair, Tami Altmiller, Tracy Erickson, Carol Jared, Susan Mayer, Roxanne Robison, Kerry Sparks, Deb Swift, Debi Tipton, Lynn Wild, Sheila White, Ruby Wolf • **Budget/Finance:** Patti Fitch, Chair • **Hotel/Logistics:** Dave Pearce, Chair, DuWvaughn P. Francois, Lollie Guerrero • **Local Activities/Entertainment:** Karen Gibson, Chair, Matt Harrington, Kay Jarrett, Shellie Shores, Pam Welch • **Exhibits/Sponsors/Advertising/Gift Shop:** Amanda Hovis, Chair, Judy Fraley, Jennifer Hayes, Paula Kanter, Christine Kennedy • **Poster Session:** Hellen Sullivan, Chair, Janice Carpenter, Pam Wedding • **Marketing/Communications/Website Management Committee:** Traci Lundy, Chair, Roger Chinn, Kevin Hummons, Celia Smith • **Volunteer:** Susan Handford, Chair, Leslie Johnson, Rita Pacheco

NOTE: Lorise Grimball, team lead in the Publishing, Promotion and Media Services Branch of the WIC program in Austin, and Chris Coxwell, photographer, were not on committees but played an instrumental role in the conference. Grimball helped with set-up and stage design. Coxwell photographed the event.



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## On The Right Track for a Healthier You



# Using MyPyramid Tracker

by Jessica Tupa  
University of Texas Coordinated  
Undergraduate Program Student

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Often weight loss programs use personal testimonials in their advertising claims. And, although WIC does not endorse any specific diets, WIC employees Rita Guerrero and Kristy Arrieta found a tool that helped them lose weight — MyPyramid Tracker. Here's what Rita had to say, "I started using MyPyramid.gov in July

and I've lost 27 pounds. I use it as a tool to plan my daily food intake."

### Keeping track of your food intake

MyPyramid Tracker, which can be accessed from the left menu on the homepage of the new MyPyramid.gov Web site, is a tool designed for anyone who wants to monitor what they eat. It starts with the basics — age, gender, height and weight. This information is used to estimate daily recommendations with which to compare your actual information. The tracking system has two parts — food intake and physical activity. You enter your information and the program analyzes it for you. After just a few days of tracking your intake, your dietary history can be viewed on a graph for any nutrient. There is also an informational section about dietary supplements.

There are three ways to analyze your food intake on MyPyramid.gov:

- **2005 Dietary Guidelines** — which includes breakdowns of each food group as well as specific nutrients like fat cholesterol and sodium
- **Nutrient Intakes** — analyzes your diet for calories, protein, carbohydrates, fats, vitamins, and minerals
- **MyPyramid Recommendations** — charts the amount of each food group you consume and presents it as a percentage

### Keeping track of your physical activity

Physical activity can be analyzed one of two ways on myPyramid.gov. The most accurate method requires all 1,440 minutes of your day to be entered as some type of activity. The other option is based on a computer estimate and may

not be as accurate. You can look at a Physical Activity Fact Sheet on the Web site with information and tips for including activity in your daily life.

### Some effort on your part

You may be thinking that this could require some effort on your part. If so, you're right. MyPyramid doesn't do the work for you, but if you make the effort to use this tool, it will give a very accurate picture of your progress and help you set your personal goals. The energy balance component shows how what you eat (energy in) and what you do (energy out) balance. If they don't balance the way you'd like, you may decide to increase or decrease something in order to meet your goals.

Using MyPyramid Tracker requires you to keep track of your daily activities. To get the most out of it, you would need to note throughout the day both your physical activities and food intake, paying special attention to the amounts you eat. Simply being more aware of what you're eating can be a big step toward making changes.

### One drawback

If you've ever used a food database, you know that not everything you eat is included. This is also true of MyPyramid.gov. That can be challenging when half of the exotic foods you ate one day are nowhere to be found. Nevertheless, it gets easier as you become more familiar with the program. As you diligently enter your information,

you'll begin to see the long-term benefits of the MyPyramid Tracker.

### Not just for weight loss

This tool is beneficial for diabetics and those counting carbohydrates and fats, and watching cholesterol and sodium. In addition to the nutrient analysis, there are links to excellent Internet resources on a variety of health related topics.

Accountability plays a big part in meeting personal goals. MyPyramid Tracker can act as your accountability partner. No

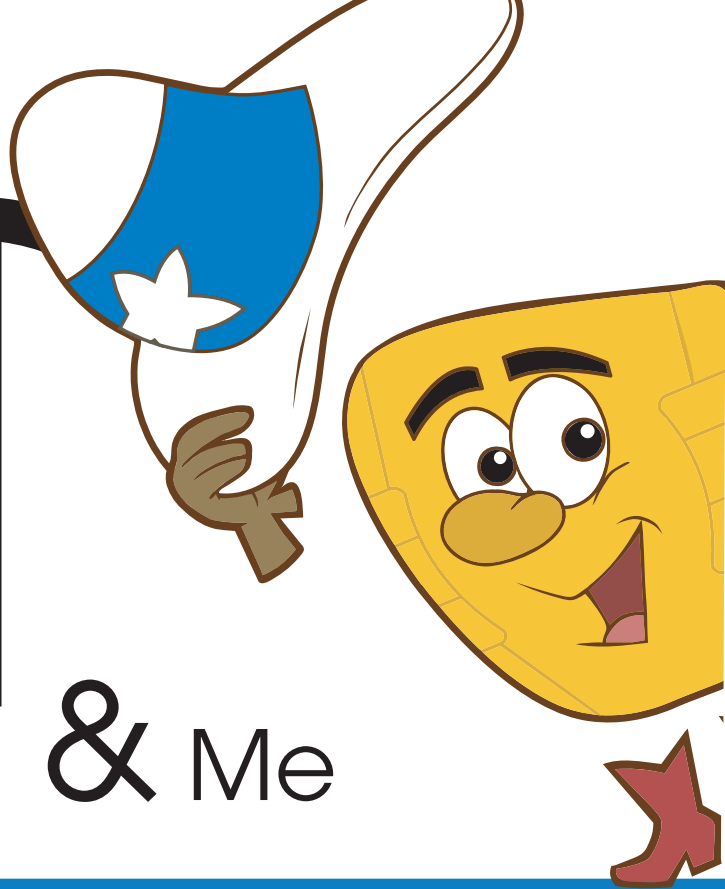


*Kristy Arrieta (left) and Rita Guerrero.*

more procrastinating for lack of information or direction, one click, and you are on your way to a healthier you. All it takes is time, discipline, and the Internet.



# EBT & Me



by Judy Harden  
WIC Program Director, Texas Tech University Health Sciences Center/ Odessa

Transitioning to the EBT system is sort of like giving birth — painful to go through, but worth it in the end. You read the literature; you listen to women who’ve already gone through it; you attend the classes and do your exercises; you even find “douglas” to hold your hand. Finally, you take a deep breath and it’s done.

When I attended our first EBT meeting six months before rollout, I realized we were already way behind the curve. We scrambled to reconfigure our sites for the best clinic flow, which meant getting holes drilled, poles installed, schedules changed, and staff trained. Linda Brumble and her staff were extremely helpful as they worked side by side with us. A week before training started, Mary Van Eck and Marie Zaczkowski, working as state agency mentors, reviewed

the checklist one last time to make sure everything was ready.

The first few days were a steep learning curve. And naturally when the staff had questions, they expected me to know the answers, which only made me wish I had attended the training in Austin that my staff attended!

For clinics like mine, I would recommend cutting back your schedules the first week, then resuming a more or less normal schedule the second and third weeks.

There are still a few glitches, and we often have to stop and go back to our manuals to figure out what to do. (Lana Klein in IRM happens to be a SAINT, by the way!) Overall, we are thrilled with the EBT system and so are our clients!



## Are Follow-Up Formulas Necessary?

by Roxanne Robison, R.D., L.D.  
CSHCN Nutrition Consultant

Most of the major formula manufacturers have released “follow-up” formulas designed for infants age 9 to 24 months. These formulas are available in both milk and soy-based varieties and, according to the manufacturers, “provide complete nutrition for older infants and toddlers who are transitioning to solid foods.”  
(continued on next page)



*“Part of the WIC mission is to educate parents and to help them plan healthy food choices ... ”*



**Follow-up Formulas**

*(continued from previous page)*

Unlike cow’s milk, follow-up formulas contain vitamins C and E, and significantly higher levels of iron and zinc. They also contain levels of other vitamins and minerals that are in some cases much higher than the levels in cow’s milk. Calcium content ranges from 1.5 to 2.5 times the amount in the standard infant formula, Enfamil Lipil. In some follow-up formulas, the amount is even greater than that in cow’s milk.

The table below compares selected nutrients in follow-up formulas to a standard infant formula and to whole cow’s milk.

**Follow-up Formula for Healthy Children?**

Follow-up formulas for healthy children who have otherwise good diets may not be necessary. Follow-up formula contains higher levels of vitamins C and E, zinc, and iron than cow’s milk and WIC foods provide all of these nutrients in significant amounts with the exception of vitamin E. In their latest report, the Institute of Medicine identified vitamin E as a nutrient that may be deficient in children’s diets, ages one to two years. The best sources of Vitamin E are wheat germ oil, safflower and sunflower oils, almonds and peanuts/peanut butter — foods not generally consumed by one to two year olds. Lesser amounts of vitamin E are contained in dark green vegetables; such as kale, spinach and broccoli; sweet potatoes, and kiwi fruit. Attention to planning a diet containing more of these foods could provide adequate amounts. Part of the WIC mission is to educate parents and to help them plan healthy food choices that are developmentally appropriate for their children.

**When Follow-up Formulas May Be Appropriate**

**Soy-Based Follow-up Formula**

**Milk Allergy**

Earlier formulations of follow-up formula contained calcium levels that were not significantly different than standard soy-based infant formula. The child who continued to have milk allergies past the age of one, could continue on soy infant formula rather than changing to the soy follow-up product. Because of the higher calcium content, the newer formulations are clearly a better choice. For example, the adequate intake (AI) for a 1-3 year old is 500 mgs of calcium. Only 12 ounces of Next Step Prosobee Lipil is needed to provide this amount, whereas 24 ounces of Enfamil Prosobee Lipil is needed to get this amount.

**Vegan Diets**

Children who consume vegan diets, defined as a diet void of any animal products including, meat, fish, poultry, eggs, milk or other dairy products, may not get enough calories, vitamin B12, vitamin D, calcium, iron, zinc, protein and essential amino acids needed for growth and development. The risk code 420 can be assigned for infants 10 months and older and follow-up soy formula can be issued with a prescription from their medical provider.

**Milk-Based Follow-up Formula**

**Children with Special Needs**

Follow-up formula may be appropriate for children who have oral motor feeding problems due to developmental delay or disability. Oral motor feeding problems may cause a child to be delayed in progression to solid foods and foods with different textures. This commonly occurs in children who have Down syndrome, cerebral palsy or other neurological impairments, infants who were born prematurely or infants who have been tube-fed and have developed an oral aversion. If the child continues to consume most of his or her calories from a liquid diet, switching to milk at age one may lead to iron deficiency anemia or to other nutritional deficiencies because cow’s milk is not nutritionally complete. A higher calorie, nutritionally complete formula may be more appropriate for older children who need to gain weight. Because of the higher calcium and phosphorus content of follow-up formulas compared to standard infant formulas, follow-up formula may be appropriate for premature infants after 9 months corrected age.

Comparison of selected nutrients in follow-up formulas to a standard infant formula and to whole cow’s milk

	Follow-Up Formulas						Enfamil Lipil w/ iron	Whole Cow's milk
	Next Step Lipil	Next Step Prosobee Lipil	Similac 2 Advance	Isomil 2 Advance	Good Start 2 Supreme Soy	Good Start 2 DHA/ARA		
Amount	5 oz	5oz	5oz	5 oz	5 oz	5 oz	5 oz	5 oz
Calories	100	100	100	100	100	100	100	100
Protein, g	2.6	3.3	2.07	2.45	2.8	2.2	2.1	4.91
Sodium,mgs	36	36	24	44	40	27	27	218
Vit. C, mg	12	12	9	9	12	12	12	0.0
Calcium,mg	195	195	118	135	190	190	78	172
Phos, mgs	130	130	64	90	106	106	53	139
Iron, mgs	2	2	1.8	1.8	2	2	1.8	0.05
Zinc, mgs	1	1.2	0.75	0.75	0.9	0.8	1.0	0.61
Vit.E, IU	2	2	3	1.5	3	2	2	0.09



# News to Use

by Shellie Shores, R.D.  
Nutrition Education Consultant

*Get the latest educational materials for your clinic! Hot off the press and ready for the taking. Impress your participants with the newest materials available. Stock-up NOW!*

*To order any of these materials, complete and fax a Texas WIC Material Order Form to the Publications Coordinator at (512) 458-7445.*



## Remodeled for 2006

Revised pamphlet — *MyPyramid, Steps To A Healthier You*

The U.S. Department of Agriculture released a new pyramid this past year. Make sure your clinic has the revised pamphlet, MyPyramid, Steps to a healthier you, stock numbers 13-182 for English, 13-182A for Spanish, and 13-182V for Vietnamese. The pamphlet includes an overview of the new MyPyramid and an activity that lets participants use the pamphlet information to evaluate a sample diet. All copies of this pamphlet with a revision date before 2/2006 should be deleted or recycled.



## Safety first

New pamphlet — *For Healthy Babies, Handle Bottles Safely*

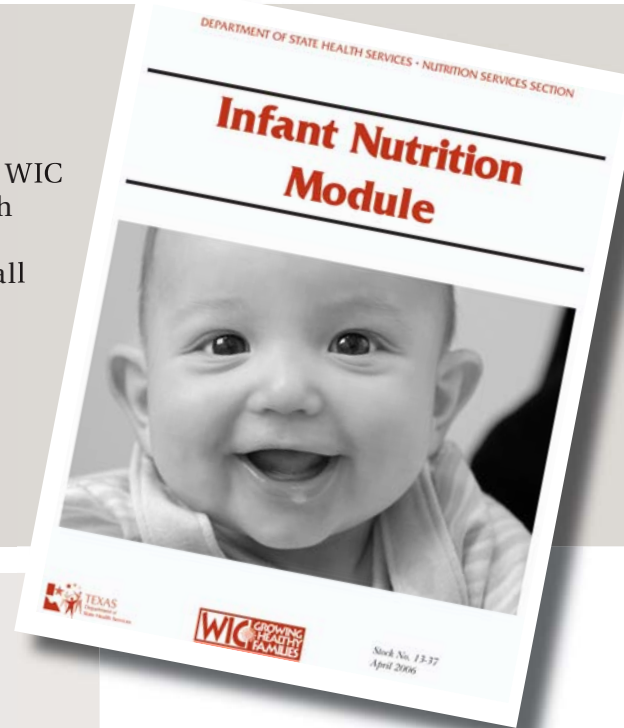
Provide your participants with a step-by-step guide for safely preparing, storing, and warming formula. For Healthy Babies, Handle Bottles Safely, stock numbers 13-06-12255 for English, 13-06-12255A for Spanish, 13-06-12255V for Vietnamese includes easy-to-follow steps and helpful illustrations.



## Updating a classic

Revised — *Infant Nutrition Module*

The *Infant Nutrition Module*, stock number 13-37 provides WIC educators with a thorough overview of nutrition from birth to 1 year of age. The Answer Key, stock number 13-37-1, is available on the WIC Directors' Web page. As a reminder, all RDs, LDs, Nutritionists, other CAs, and WCs should have completed this revised module by 10/31/2006; the revised module must be completed even if you have previously completed an older version of the *Infant Nutrition Module*. New RDs, LDs, Nutritionists, other CAs, and WCs must complete the module within the first 6 months of their employment with WIC.

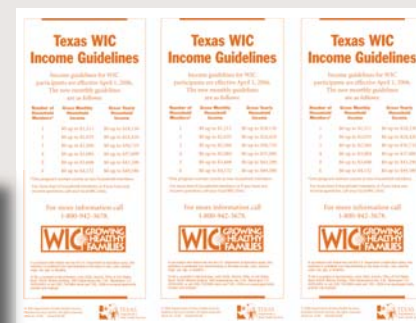


## Annual changes

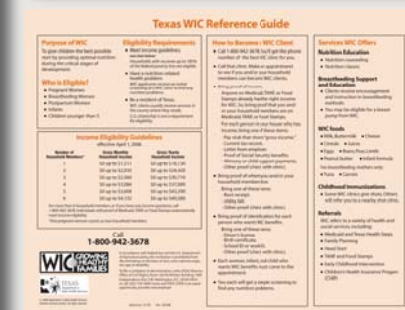
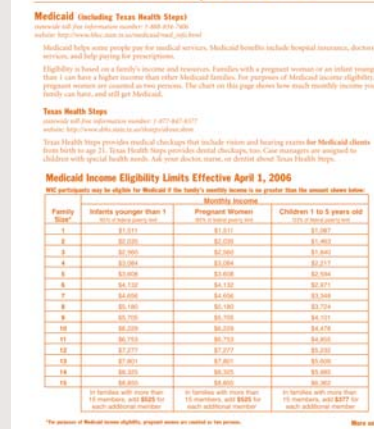
Updated — *Income Guidelines*

WIC income guidelines change each year when the U.S. Poverty Income Guidelines are updated. Make sure you have the 2006 revisions (printed in a dark orange color) for the following materials:

- Texas WIC Reference Guide, stock numbers 13-55 for English/Spanish and 13-55V for English/Vietnamese
- Texas WIC Income Guidelines, stock number 13-85 for English/Spanish
- A Guide to Helpful Programs and Services that WIC wants you to know about, stock numbers 13-156 for English, 13-156A for Spanish, and 13-156V for Vietnamese



## A Guide to Helpful Programs and Services that WIC wants you to know about



## Comfort never felt so good

New lesson and audiovisual — *The Comfortable Latch: A Guide to Successful Breastfeeding*

This lesson is designed to teach pregnant and breastfeeding women the technique of chin-led latch and nipple self-assessment. It also covers infant satiety cues and how to tell if the breastfed baby is getting enough to eat. This class is appropriate for pregnant women and their support people. All local agencies should have received this lesson and video during the summer (stock numbers BF-000-34 for the lesson plan, DV0044 for the DVD, and 7866 for the VHS).



# Class of 2006

## Dietetic Interns Looking Ahead

By Sherry Clark, M.P.H., R.D., L.D.  
Director, Texas WIC Dietetic Internship

*Upon completion of their eight-month internship, the 2006 Texas WIC Dietetic Interns and their families celebrated with a graduation ceremony held in Austin at the Department of State Health Services. How did being an intern affect their lives? What are their plans following graduation? Here, in their own words, are thoughts from the graduating interns about their internship.*

Annette Alderete



"After graduation I plan to take the RD exam, to continue working for project 07 as a high-risk dietitian, and to work on my master's degree in family counseling at UTA. I hope to express my creative side by writing books on nutrition in both Spanish and English.

The internship has opened many doors of opportunity, taught me to mature, and given me the strength to achieve my goals as a bilingual dietitian."  
— Annette Alderete

"After the DSHS internship, I plan to continue working on projects directed at my community, using the knowledge obtained from the internship's community nutrition intervention project. I also plan on obtaining my master's degree in public health and hope to become more involved in legislative actions in the field of dietetics. The networking opportunities provided through the internship have allowed me to meet many people throughout Texas. With the knowledge and experience gained during the past eight months, I feel I have the power to succeed in my endeavors."  
— Christine Castellano

Christine Castellano



"I am extremely grateful for the internship opportunity. The internship provided me the opportunity to meet, work and network with numerous professionals in the community. After graduation I plan to use the knowledge gained during the internship to better counsel and educate the WIC participants. I also plan to continue my education and earn a master's degree in public health."  
— Yvonne Martinez

Yvonne Martinez



"I plan to participate in constructing a high-risk counseling program at project 33, the project where I am currently employed. During the internship, I acquired skills in pediatrics, which will be beneficial in assessing patients thoroughly and adequately. Other plans include working towards a master's degree in public health, becoming a member of the obesity coalition, and continue working at WIC and providing nutrition education to the community."  
— Patricia Chavira

Patricia Chavira



"Following the internship I plan to return to work for The University of Texas Health and Science Center at North Channel WIC in Houston. I will be registration eligible and I plan to take my exam before the year is over.

Ester Morales



This awesome experience has given me the knowledge and tools to better serve my WIC clients and community. I know many venues will be open to me once I become an RD. I hope to get the chance to explore some of them."  
— Ester Morales

Kelly Roberts



"The internship has allowed me to build a network of professional relationships. Following the internship, I intend to maximize each opportunity presented to me and to build on this experience."  
— Kelly Roberts

"The internship has been a very valuable and rewarding experience. I worked with many registered dietitians and healthcare professionals in my community, and my experiences helped me realize how valuable RDs are in healthcare, school districts, and public health initiatives. I learned the importance of being a community leader in order to make a difference.

Cacey Withem



I want to utilize what I learned to expand more services to WIC clients. I would like to become more involved in community nutrition projects and develop new ones. I would also like to mentor those who plan to enter the field of dietetics and guide them through their learning."  
— Cacey Withem

Jolene Norbert-Harrell



"The Dietetic Internship has been both challenging and rewarding. It has allowed me to learn more about my interests and myself. After graduation, I plan to return to WIC to serve the high-risk clients within my local agency. In addition, I hope to pass the board examination for registered dietitians and work toward certification as a diabetes educator in my community."  
— Jolene Norbert-Harrell

"I plan to continue working on community intervention projects. I enjoy the reward of applying new materials related to nutrition and assisting with the Healthy People 2010 goals. Many people are aware of our Healthy People 2010 goals but applying the information appears to be more difficult. I want to make things easy and possible.

Alva Santos



I would like to become a certified diabetes educator. The internship made me more aware of how many people are affected by diabetes. Too many people with this disease do not receive adequate information on how to care for themselves. If the proper education were given in the pre-diabetic state there would be less incidents of renal disease. The internship has shown me just how easy it can be to assist in my community."  
— Alva Santos

Jennie Hoilman



"My plans are first to pass the registration exam. I also hope to someday become a certified diabetes educator. Another plan is to look for clinical work to stay current in my newly acquired clinical skills. The internship helped build my skills and confidence. Even though I was a professional before being accepted, I feel more like a professional now."  
— Jennie Hoilman





## Clinic Flow in Tarrant County

— *well within  
the goal for  
certification times*

by Donna Erwin  
Patient Flow Analysis Coordinator, Project 54

**P**roject 54, Tarrant County conducts an average of 22 Patient Flow Analysis sessions annually and it's paid off, with clinics' certifications for FY2006 averaging 58 minutes each (17 PFA Studies). That's 32 minutes less than the goal for certification times (average of less than 90 minutes).

Tarrant County analyzes clinic flow once or twice a year in each location. If a clinic is undergoing changes such as relocating, remodeling, scheduling, or staffing, the study may be rescheduled or performed only once during the year. Since clinics are regularly monitored once or twice a year, there is a basis for comparison once the changes are complete.

An important part of each analysis is the brainstorming and goal setting session, resulting in improvements benefiting both participants and staff. During each session new goals are set and an assessment of progress toward existing goals is made.

A visual interpretation of the PFA is created in a graph, which displays the statistics in a form that best describes the information. The graph is a vital tool during the brainstorming session.

### Staff had apprehensions

Initially the staff was apprehensive about implementing the PFA. There were concerns about the extra work and being judged for their clinic flow. The staff became more comfortable with the procedure as each PFA was performed and

they now know exactly how to conduct the study. They also enjoy participating during the follow-up brainstorming sessions.

The coordinator introduces the PFA concept to new employees during employee orientation. The coordinator explains that PFA is a tool that provides staff an opportunity to make decisions about improving the clinic flow. New staff may have the opportunity to observe a brainstorming session during their orientation.

### Studies are unannounced

On the day of the study, staff arrives at the clinic early to set up prior to the doors opening. It's very important that the PFA team

does nothing to alter the clinic flow. On arrival the team quickly reviews clinic staff tasks, assigns Personal ID Code, hands out the clocks, and checks in clients until the initial rush ends. PFA staff then sets up a table and settles in for the day. Staff uses the radio-controlled clock on the wall in the clinic reception areas until they receive from the team small radio-controlled clocks for their desks. A portable computer is also used during the study for entering PFA data during slow times. Often the entire PFA data is entered before leaving the clinic.

Since morning and afternoon are often different, it is important to analyze an entire day. For example, the morning might have

an even flow while the afternoon is cluttered with clients waiting for 35 minutes to two hours. In analyzing the information as a group, staff is able to determine what happened and how to do better next time.

Two follow-up PFA studies recently showed improvements in the wait time before the nutrition assessment. In each case the nutritionist set a goal to find ways to decrease the wait time before they called the participant for the assessment. In addition, the clerical staff set a goal to perform more lab testing for the nutritionist who normally does it all herself in order to step in seamlessly if the nutritionist needed help. The result was an average of four minutes less in wait time. Each clinic sets the same goals for the next study with the thought that they can improve with each study.

Three staff conduct the PFA studies. Only one person is usually needed to conduct a study for a clinic with just two or three staff. For clinics with four or more staff, it takes at least two PFA staff to assure that the study does not interfere with the clinic flow. The coordinator sets the schedule, conducts most of the PFA studies, and handles the data entry and brain storming sessions. Yolanda Cortez participates in about half of the studies as a coordinator and Lisa Barber steps in to help as needed.

Tarrant County Public Health has benefited from PFA in other ways. Their immunization clinics conduct the studies each year. On August 9, 2005, PFA was used to track patient throughput for the Strategic National Stockpile exercise. The applications are many once you make PFA a regular activity at your agency.





next issue:

**“ ... making connections ... ”**



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